

INFORMATIONAL PROGRAM ACTIVITIES PLAN

FY ____ / ____

FMS _____ OFF _____
 IMET _____ ENL _____
 TOTAL FMTs _____

AIR FORCE BASE

DATE PREPARED

REPORT CONTROL SYMBOL

PREPARED BY

PROGRAM
OBJECTIVES
A

MONTH
B

NUMBER OF
DAYS C HOURS D

DESTINATION
E

RESUME OF
ACTIVITY
F

REMARKS
G

Indicate for each activity in Remarks Column: Established number of FMTs by FMS/IMET who will participate; estimate amount NIO funds required, if none, indicate N/A.